

SERVICE	LIMITATIONS
10. <u>Dental Services</u> (Continued)	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services for recipients 21 years old and older:</p> <p>(1) payment for oral examination is limited to one (1) per 365 days.</p> <p>(2) payment for dental prophylaxis is limited to one (1) per 365 days.</p> <p>(3) payment for root canal requires a post-operative review.</p> <p>(4) payment for crown coverage is limited to one crown per tooth for six years.</p> <p>(5) payment for denture relines, either full or partial, is limited to one (1) per arch, every two (2) years.</p> <p>(6) maximum allowance for any combination of dental radiographs per patient per dentist per year is \$30.00.</p> <p>(7) payment for panoramic-maxilla or mandible, single file is limited to one (1) per five (5) years.</p> <p>(8) prior authorization is required for complete and partial dentures, crowns and the extraction of six or more teeth during one visit or one period of hospitalization and all surgical extractions.</p> <p>(9) the maximum allowable payment for dentist for outpatient surgical procedures per recipient per day is \$500.00.</p> <p>(10) the maximum allowable payment to a dentist per recipient per hospitalization is \$1,000.00.</p> <p>(11) payment for two or more surgical procedures performed by the same dentist is limited to 100% of the allowable fee for the highest procedure and 25% of the second highest procedure.</p>

TN# 93-30
Supersedes
TN# 93-05

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SERVICE

LIMITATION

11. Physical therapy and
related services.

- a. Physical therapy must be prescribed by a physician and must be provided by or under the direct supervision of a physical therapist. It must be provided in a hospital, inpatient or outpatient, an approved clinic, a physician's office, a SNF or ICF and as a home health agency service.
 - b. Occupational therapy must be prescribed by a physician and must be provided by or under the supervision of an occupational therapist. It is covered when provided in a hospital, inpatient or outpatient, a SNF or ICF, or as a home health agency service.
 - c. Services for individuals with speech, hearing and language disorders must be prescribed by a physician and must be provided by or under supervision of a speech pathologist or audiologist. It is covered when provided in a hospital, inpatient and outpatient, a SNF or ICF, or as a home health agency service. Speech, hearing and language disorder services include diagnostic examination and evaluation; and hearing aids which require prior authorization.
- a.b.c. For individuals eligible for both Medicare and medical assistance, the deductible and coinsurance is paid in accordance with medical assistance payment rates.

For other providers or agencies, these services are limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.

State/Territory: Commonwealth of Pennsylvania

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

*Description provided on attachment.

SERVICE	LIMITATIONS
12. <u>Prescribed Drugs,</u> <u>Dentures, Prosthetic</u> <u>Devices, and Eyeglasses</u>	
12.a. Prescribed Drugs (Continued)	<p>Limitations On Payment - The following limits apply to payment for compensable services:</p> <p>(a) Payment is limited to a 34-day supply or 100 units, whichever is greater.</p> <p>(b) Payment for prescribed nonlegend drugs is limited to the following:</p> <p>(1) Those drug products marketed by drug companies which have entered into rebate agreements with the federal government as provided under Section 4401 of the Omnibus Budget Reconciliation Act of 1990.</p> <p>(2) Nonlegend drug products listed in the following categories:</p> <p>(i) Analgesics, excluding long acting products: acetaminophen and combinations, aspirin and combinations, salicylates, and nonsteroidal anti-inflammatory drugs.</p> <p>(ii) Antacids.</p> <p>(iii) Antidiarrheals: kaolin-pectin combinations and loperamide.</p> <p>(iv) Antiflatuants: simethicone and simethicone combined with an antacid.</p> <p>(v) Antinauseants: concentrated balanced solutions of sugar and orthophosphoric acid, cyclizine lactate, dimenhydrinate, and meclizine hydrochloride.</p> <p>(vi) Bronchodialators.</p>

SERVICE

LIMITATIONS

12. Prescribed Drugs,
Dentures, Prosthetic
Devices, and Eyeglasses

12.a. Prescribed Drugs
(Continued)

- (vii) Cough and cold preparations, excluding mouthwashes, lozenges, troches, throat sprays, and rubs.
- (viii) Contraceptives.
- (ix) Hematinics, excluding long acting products: ferrous fumarate, ferrous gluconate, and ferrous sulfate.
- (x) Insulin.
- (xi) Laxatives and stool softeners.
- (xii) Nasal preparations: oxymetazoline, phenylephrine, xylometazoline, and naphazoline.
- (xiii) Ophthalmic preparations: ocular lubricants containing polyvinyl alcohol or cellulose derivatives, phenylephrine, and sodium chloride in strengths of 2.0 percent or greater.
- (xiv) Topical products containing one or more of the following ingredients:
 - (A) Anesthetics: benzocaine, cyclomethycaine, dibucaine, lidocaine, pramoxine, and tetracaine.
 - (B) Antibacterials: bacitracin, neomycin, polymyxin, povidone-iodine and tetracycline.

SERVICE	LIMITATIONS
12. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u>	
12.a. Prescribed drugs (continued)	(C) Dermatological Baths: colloidal oatmeal and combinations and soya protein complex and combinations. (D) Antifungal Agents: iodochlor- hydroxyquin (clinoquinol), miconazole nitrate, salicylanilide, salicylic acid, sodium caprylate, sodium propionate, triacetin (glyceryl triacetate), tolfinate, undecylenic acid, esters, and salts, and clotrimazole. (E) Rectal Preparations: bismuth subgallate, yeast, and zinc oxide. (F) Tar Preparations, excluding soaps, shampoos, and cleansing agents. (G) Wet Dressings: aluminum acetate, aluminum sulfate, calcium sulfate, and zinc sulfate. (H) Scabicides: permethrin. (I) Corticosteroids: hydro- cortisone. (xv) Vitamins and Minerals: single entity and multiple vitamins with or without flouride for children under three years of age based on medically supported documentation, single entity and multiple vitamins when prescribed for prenatal use, nicotinic acid and its amides, and calcium salts. (xvi) Diagnostic Agents. (xvii) Quinine. (xviii) Oral Electrolyte Mixtures.

SERVICE

LIMITATIONS

12. Prescribed Drugs, Dentures,
and Prosthetic Devices, and
Eyeglasses

12.a. Prescribed drugs
(continued)

(c) Payment to a pharmacy for all prescriptions dispensed to a recipient in either a skilled nursing facility, an intermediate care facility, or an intermediate care facility for the mentally retarded shall be limited to one dispensing fee for each drug dispensed within a 30 day period. A 5-day grace period will be allowed to accommodate prescriptions filled and delivered prior to the normal 30-day cycle. This limitation does not apply to:

1. Antibiotics.
2. Anti-Infectives.
3. Schedule III analgesics.
4. Topical and injectible preparations dispensed in the manufacturer's original package size unless evidence indicates that the quantity issued at each dispensing incident does not relate to the recipient's known monthly requirements for that specific medication.
5. Ophthalmic and otic preparations dispensed in the manufacturer's original package size.
6. Compensable compounded prescription.
7. Insulin.
8. Schedule II drugs.
9. Oral liquid anticonvulsants and oral liquid potassium supplements.
10. Legend cough and cold oral liquid preparation.

MEMORANDUM

LIMITATION

Re: Prescription of Drugs and
Pharmaceutical Services and Items
Prescribed

Dear Sirs:

1. Payment shall not be made for any pharmaceutical
services and items:

(i) Drugs and other items prescribed for the
treatment of:

(i) Obesity or appetite control
unless the drug or item is
approved for the treatment of
hyperkinesia in children or
primary and secondary narcolepsy
due to structural damage of the
brain.

(ii) Cessation of smoking.

(iii) Hair growth or other cosmetic
purposes.

(iv) Legend and nonlegend drug products
used or prescribed for the
symptomatic relief of cough or
colds except for those recipient
under the age of 21 or in long
term care facilities.

(v) Fertility drugs except when
prescribed for any medically
acceptable reason other than
treating infertility and only if
the diagnosis appears on the
prescription.

2. Any nonlegend drugs in the form of
lozenges, throat tablets, cough drops,
throat lozenges, mouth washes and similar items.

3. Pharmaceutical services provided by an
attending physician to a hospitalized person.

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SECTION 1

EXEMPTIONS

1. All single entity and multiple entity
preparations of vitamins and
minerals.

2. All single entity and multiple entity
preparations of vitamins and
minerals.

3. All single entity and multiple entity
preparations of vitamins and
minerals, except for the following:

(i) Single entity and multiple
vitamin preparations with or
without fluorides for children
under three (3) years of age,
based on medically supported
documentation.

(ii) A prescription drug product which
contains a single entity vitamin
combined with a legend drug.

(iii) Vitamin D and its analogs.

(iv) Nicotinic acid and its amides.

(v) Vitamin K and its analogs.

(vi) Folic acid.

(vii) Single entity and multiple
vitamin preparations which
are prescribed for prenatal use.

4. Drugs and devices classified as
experimental by the FDA or whose use is classified
as experimental by the FDA.

5. Drugs and devices not approved by the FDA.

6. Legend drugs.

7. Non-legend soaps, cleansers, dentifrices,
mouth washes, lotions, ointments,
insecticides, wax removal agents, deodorants,
antiperspirants, antiperspirants, emollients,
and other cosmetic and medicine preparations.

8. All other preparations of vitamins and
minerals.

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EXEMPTION

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10. Nonlegend water preparations.

11. Nonlegend food supplement and
nutritional items.

12. Compounded prescriptions when:

(i) The active ingredients are used
in quantities insufficient to
produce a therapeutic effect or
response, or

(ii) Noncompensable items are
compounded.

13. Nonlegend drugs not specified in this
section.

14. The following items when prescribed for
recipients receiving skilled nursing and
intermediate care facility services:

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